

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35110

FILED NOV 9 1943

1. PLACE OF DEATH

County *Hayward*
Township *Hayward*
City *Hayward* (No. *076*)

Registration District No. *267*
Primary Registration District No. *5902*

File No. _____
Registered No. *57* St. _____ Ward)

2. FULL NAME

William F. Evans
(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Cal.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-15-1864*

7. AGE YEARS *79* MONTHS *2* DAYS *17* IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Cotton farm*
10. Date deceased last worked at this occupation (month and year) *1934* 11. Total time (years) spent in this occupation *30*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Covington, La.*

13. NAME *Grant Evans*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Covington, La.*

15. MAIDEN NAME *Floezie Jones*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Covington, La.*

17. INFORMANT *Orla B. Armstrong* (ADDRESS) *Hayward - Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hayward - Mo.* DATE *10-3-1943*

19. UNDERTAKER *Friend* (ADDRESS) *Hayward - Mo.*

20. FILED *Oct. 4* 19*43* *Er. Thibault* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-2*, 19*43*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
No medical attention
found dead
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury? _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Julius H. Moore* _____, M. D.

(Address) *Hayward, Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-43-302